

LO6000034908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

*Amend*

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04/17/13--01023--015 \*\*25.00

SEMI-LARY OF STATE  
FALL AMASSEI, FL 0800A

2013 APR 17 AM 8:42

FILED

J. SAULSBERRY  
EXAMINER  
APR 18 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T.K. NAILS OF NAPLES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONYA TRANG

Name of Person

TK NAILS OF NAPLES LLC

Firm/Company

2314 PINE RIDGE RD

Address

NAPLES FL 34109

City/State and Zip Code

TONYAHUONG68@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONYA TRANG

Name of Person

at ( 239 ) 643-1008

Area Code & Daytime Telephone Number

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STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**T.K NAILS OF NAPLES LLC**

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/31/2006 and assigned  
Florida document number L06000034908.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

FILED  
2013 APR 17 AM 8 42  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: TONYA TRANG

New Registered Office Address: 2314 PINE RIDGE RD

*Enter Florida street address*

NAPLES, Florida 34109

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIAN TRANG	4871 BOXWOOD WY	<input type="checkbox"/> Add
		NAPLES FL 34116	<input checked="" type="checkbox"/> Remove
OWNER	BRIAN TRANG	4871 BOXWOOD WY	<input type="checkbox"/> Add
		NAPLES FL 34116	<input checked="" type="checkbox"/> Remove
MGR	TONYA TRANG	2314 PINE RIDGE RD	<input checked="" type="checkbox"/> Add
		NAPLES FL 34109	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

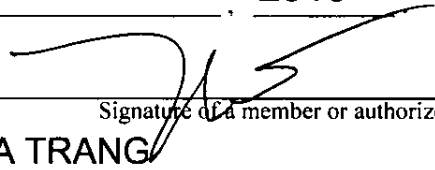
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SOUTH FLORIDA  
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated 04/15

2013



Signature of a member or authorized representative of a member

TONYA TRANG

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SENIOR CLERK OF STATE  
FALL AMASSIST FT 0000A